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APPLICANTS

Narayanan Krishnamurthy, Austin, TX;

** CONTINUING DATA ***** **D**** FOREIGN APPLICATIONS ***** **N**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

23125
 FREESCALE SEMICONDUCTOR, INC.
 LAW DEPARTMENT
 7700 WEST PARMER LANE MD:TX32/PL02
 AUSTIN, TX
 78729

TITLE

Derivation of circuit block constraints

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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